

2621

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Tetsujiro KONDO et al.

#8A
Dekler
10-3-03

Serial No. : 09/500,356

For : DATA PROCESSING METHOD AND APPARATUS

Filed : February 7, 2000

Examiner : Daniel Mariam

Art Unit : 2621

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 8, 2003.

RECEIVED

AUG 13 2003

Technology Center 2600

Gordon Kessler, Reg. No. 38,511

(Name of Applicant, Assignee or Registered Representative)

Signature

August 8, 2003

Date of Signature

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of May 8, 2003, please amend this application as follows.



PATENT
450100-02329

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Tetsujiro KONDO et al.
Serial No. : 09/500,356
Filed : February 7, 2000
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745 Fifth Avenue
New York, NY 10151

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

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Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	19	Minus	** =20	* 0 x	\$18 (9)	= \$ 0
Independent claims	2	Minus	*** =3	* 0 x	\$84 (42)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid , or is paid herewith .

This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.

A check in the amount of \$_____ is attached, which covers the cost of additional claims _____ petition for extension of time.

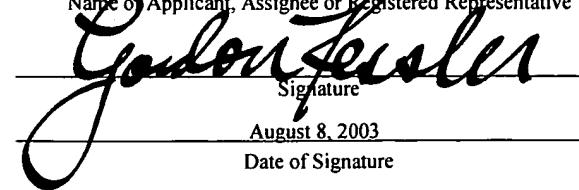
Charge \$_____ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 8, 2003.

Gordon Kessler, Reg. No. 38,511

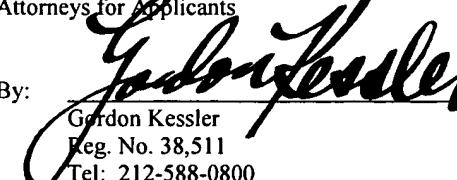
Name of Applicant, Assignee or Registered Representative


Gordon Kessler
Signature
August 8, 2003
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


Gordon Kessler
Reg. No. 38,511
Tel: 212-588-0800